Combined Declaration and Power of Attorney for Patent Alication

Mamed inventor, I hereby declare that:

Docket Number: 08010161US01

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed and for which a patent is sought on the invention entitled Human Brain Endothelial Cells and Growth Medium and Method for Expansion of Primitive CD34+CD38-Bone Marrow Stem Cells, the specification of which is attached hereto unless the following box is checked:

was filed on		09/452,855
and was amended on	(if applicable).	

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information that is material to patentability as defined in 37 C.F.R. § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application, which designated at least one country other than the United States listed below, and have also identified below any foreign application for patent or inventor's certificate, or PCT international application having a filing date before that of the application on which priority is claimed.

PRIOR FOREIGN APPLICATION(S)	ov/Month/Vear/Filed) Priority Claimed
Application No. Country (D	Yes No
	Yes No
	Yes No

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below.

	Filing	Date
Application No.		
 		•

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or under § 365(c) of any PCT international application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information that is material to patentability as defined in 37 C.F.R. § 1.56 that became available between the filing date of the prior application and the national or PCT international filing date of this application.

Application No. 60/112,042	Filing Date 4 December 1998	(Status – patented, pending, abandoned) Converted to Nonprovisional	

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

full name of sole or first inventor:	CITIZENSHIP: U.S.A.
John P. Chute RESIDENCE:	DATE:
Bethesda, Maryland POST OFFICE ADDRESS: Naval Medical Research Center, 8901 Wisconsin Avenue, Bethesda, MD 20889-5607	INVENTOR'S SIGNATURE:
Betnesda, MD 20009 daga	CITIZENSHIP:
FULL NAME OF SECOND INVENTOR:	U.S.A.
Abha A. Saini RESIDENCE:	DATE:
Bethesda, Maryland POST OFFICE ADDRESS:	INVENTOR'S SIGNATURE:
Naval Medical Research Center, 8901 Wisconsin Avenue, Bethesda, MD 20889-5607	
Benesad, M.	

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FULL NAME OF THIRD INVENTOR:	CITIZENSHIP: U.S.A.
Dennis J. Chute RESIDENCE: Baltimore, Maryland	DATE:
POST OFFICE ADDRESS: Naval Medical Research Center, 8901 Wisconsin Avenue, Bethesda, MD 20889-5607	INVENTOR'S SIGNATURE:
FULL NAME OF FOURTH INVENTOR: Thomas A. Davis RESIDENCE:	CITIZENSHIF: U.S.A. DATE: 5-9-2000
Newton. Peonsylvania POST OFFICE ADDRESS: Naval Medical Research Center, \$901 Wisconsin Avenue, Bethesda, MD 20889-5607	Marke A Jacin

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- Page 3 of 3 -

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FULL NAME OF THIRD INVENTOR:	CITIZENSHIP: U.S.A.
Dennis J. Chute RESIDENCE: Baltimore, Maryland POST OFFICE ADDRESS:	DATE: 5/22/00 INVENTOR'S SIGNATURE:
Naval Medical Research Center, 8901 Wisconsin Avenue, Bethesda, MD 20889-5607 FULL NAME OF FOURTH INVENTOR:	Sonny Chutz no CITIZENSHIP:
Thomas A. Davis RESIDENCE: Newton, Pennsylvania	U.S.A. DATE:
POST OFFICE ADDRESS: Naval Medical Research Center, 8901 Wisconsin Avenue, Bethesda, MD 20889-5607	INVENTOR'S SIGNATURE:

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FULL NAME OF SECOND INVENTOR: Abba A. Saini	U.S.A.
RESIDENCE:	DATE:
Bethesda, Maryland POST OFFICE ADDRESS: Naval Medical Research Center, 8901 Wisconsin Avenue, Bethesda, MD 20389-5607	INVENTOR'S SIGNATURE:

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